

151222

CERTIFICATE OF VITAL RECORD

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

2021-005323

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) CAROL JOAN STEUDEMAN				1a. LAST NAME PRIOR TO FIRST MARRIAGE HUNT		2. SEX FEMALE			
3. SOCIAL SECURITY NUMBER [REDACTED] 3620		4. EVER IN US ARMED FORCES? NO		5a. AGE- Last birthday (years) 63		5b. UNDER 1 YEAR Months Days Hours Minutes		6. DATE OF BIRTH (Mo/Day/Yr) [REDACTED] 1957	
7. BIRTHPLACE (City and State or Foreign Country) CLAREMORE, OKLAHOMA		8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County CARTER		8c. RESIDENCE-City or Town ARDMORE			
8d. RESIDENCE-Zip Code 73401		8e. RESIDENCE-Inside City Limits? YES		8f. RESIDENCE-Street and Number 4747 SPRINGDALE RD		8g. RESIDENCE-Apt. Number			
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
11a. FATHER'S NAME (First, Middle, Last) ROBERT EDWIN HUNT		11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE HUNT		12a. MOTHER'S NAME (First, Middle, Last) JOYCE ANN BREWER		12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE BEHRENS			
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		14. DECEDENT'S RACE WHITE		15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED					
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) WAITRESS				17. KIND OF BUSINESS / INDUSTRY RESTAURANT					
18a. INFORMANT'S NAME PATTY MICHELLE BATES		18b. RELATIONSHIP TO DECEDENT DAUGHTER		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 785 BROCKHOLLOW RD, OVERBROOK, OKLAHOMA 73453					
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) PROVENCE CEMETERY		21. LOCATION - City, Town and State CARTER, OKLAHOMA					
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HARVEY-DOUGLAS FUNERAL HOME AND CREMATORY - ARDMORE, 2118 SOUTH COMMERCE, ARDMORE, OKLAHOMA 73401				23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH BRIAN P. DOUGLAS					
				24. FH ESTABLISHMENT LICENSE # 1653ES					

25. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify)		
26. FACILITY NAME (If not institution, give street & number) ST ANTHONY HOSPITAL		27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH OKLAHOMA CITY, OKLAHOMA, 73102		28. COUNTY OF DEATH OKLAHOMA	
29. DATE OF DEATH (Mo/Day/Yr) JANUARY 18, 2021		30. TIME OF DEATH 09:51		31. WAS MEDICAL EXAMINER CONTACTED? NO	
		32. WAS AN AUTOPSY PERFORMED? NO		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE OF DEATH (See instructions and examples)					
34. PART I: Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. COVID 19 Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. Due to (or as a consequence of): d. Due to (or as a consequence of):			Approximate interval: Onset to death UNKNOWN		35. PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I SEPTIC SHOCK, KLEBSIELLA URINARY TRACT INFECTION, ACUTE KIDNEY INJURY
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY		41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)	
42. DESCRIBE HOW INJURY OCCURRED:		43. INJURY AT WORK?			
44. LOCATION OF INJURY: State: City or Town: Zip Code:		45. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)			
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) LATHA NACHIMUTHU, MD 901 N PORTER AVENUE NORMAN, OKLAHOMA 73071			
48. LICENSE NUMBER		49. DATE DEATH CERTIFIED (Mo/Day/Yr)			

Tuesday, February 23, 2021 1:28:4